

Case Number:	CM14-0164229		
Date Assigned:	10/09/2014	Date of Injury:	08/20/2013
Decision Date:	11/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 54-year-old female with a 8/20/13 date of injury. At the time (9/25/14) of the Decision for Physical therapy x 12 sessions, rt wrist/hand, there is documentation of subjective (right wrist/hand pain with numbness over right thumb, index, and middle finger) and objective (tenderness over right wrist and positive phalen's as well as durkin's sign) findings, current diagnoses (carpel tunnel syndrome and wrist sprain/strain), and treatment to date (physical therapy, activity modification, brace, and medications). Medical report identifies certification of pending right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy x 12 sessions, RT wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 8 visits of post-operative physical therapy over 5 weeks and post-surgical physical medicine treatment period of up to 3 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the

general course of therapy for the specified surgery. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome and wrist sprain/strain. In addition, there is documentation of certification of right carpal tunnel release on 9/25/14. However, the requested physical therapy x 12 sessions exceeds guidelines (8 sessions). Therefore, based on guidelines and a review of the evidence, the request for Physical therapy x 12 sessions, RT wrist/hand is not medically necessary.